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<b>Date</b>	March 5, 2008
<b>From</b>	Nicholas Weintraub

<b>To</b>	<b>Company</b>	<b>Fax</b>	<b>Phone</b>
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<b>Pages</b>	22 (Including cover)	AN ORIGINAL OF THIS FAX WILL ____ WILL NOT <u>X</u> FOLLOW.	

<b>Message</b>
Please find following: Office Action response for patent application no. 10/549,330 and Request for Extension of Time.

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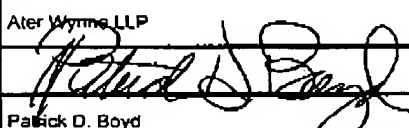
PTO/SB/21 (01-08)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/549,330	
	Filing Date	12 September 2005	
	First Named Inventor	Gary Mills	
	Art Unit	3736	
	Examiner Name	Brian S. Szmal	
Total Number of Pages in This Submission	21	Attorney Docket Number	103477-0007

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ater Wynne LLP		
Signature			
Printed name	Patrick D. Boyd		
Date	5 March 2008	Reg. No.	54,671

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Nicholas Weintraub
Date	5 March 2008

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